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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/697,535			ing Date 30/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)									ENTITY 🛛	OR		HER THAN ALL ENTITY
	FOR	NU	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A	
TO (37	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *					x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	If the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))							П			ı		
* If	the difference in col	umn 1 is less than	r "0" in colur		TOTAL		ı	TOTAL				
APPLICATION AS AMENDED - PART II  OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	06/30/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 19	Minus	<b></b> 20		= 0		X \$25 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 3	Minus	···3		= 0		X \$105 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID F	R JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus					x \$ =		OR	x \$ =	
	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x \$ =	
핍	Application Size Fee (37 CFR 1.16(s))											
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Pervolusy Paid For M THIS SPACE is less than 30, enter "20".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusialy Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusial Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusial Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusial Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusial Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusial Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Prvolusial Paid For M THIS SPACE is less than 3, enter "3".  If the "Highe												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS